## STATE OF NEW HAMPSHIRE PART TIME DENTAL ACTIVE TROOPER EMPLOYEES STATE & EMPLOYEE CONTRIBUTION CHART

**EFFECTIVE 01/01/2014** 

GROUP: 30 to 31.5 Hours

DENTAL EE CONTRIBUTION			DENTAL ER C	W RATE	
	<u> 26PP</u>	ANNUAL	<u>26PP</u>	<u>ANNUAL</u>	<u>TOTAL</u>
DN-1	\$5.38	\$139.88	\$13.50	\$351.00	\$490.88
DN-2	\$8.82	\$229.32	\$27.30	\$709.80	\$939.12
DN-3	\$14.25	\$370.50	\$49.00	\$1,274.00	\$1,644.50

GROUP: 32 to 34.50

DENTA	L EE CONTR	RIBUTION	DENTAL ER C	W RATE	
	<u>26PP</u>	ANNUAL	<u>26PP</u>	<u>ANNUAL</u>	<u>TOTAL</u>
DN-1	\$4.53	\$117.78	\$14.35	\$373.10	\$490.88
DN-2	\$7.12	\$185.12	\$29.00	\$754.00	\$939.12
DN-3	\$11.19	\$290.94	\$52.06	\$1,353.56	\$1,644.50

GROUP: 35 to 37.0

DENTAL EE CONTRIBUTION			DENTAL ER C	W RATE	
	<u>26PP</u>	ANNUAL	<u>26PP</u>	<u>ANNUAL</u>	TOTAL
DN-1	\$3.18	\$82.68	\$15.70	\$408.20	\$490.88
DN-2	\$4.39	\$114.14	\$31.73	\$824.98	\$939.12
DN-3	\$6.29	\$163.54	\$56.96	\$1,480.96	\$1,644.50

MONTHLY WORKIN	<u>ANNUAL</u>	
DN-1: 1 PERSON	\$40.90	\$490.80
DN-2: 2 PERSON	\$78.26	\$939.12
DN-3: FAMILY	\$137.04	\$1,644.48

DENTAL 26 PP									
18.88	20%	3.38	2.00	5.38					
36.12	20%	6.82	2.00	8.82					
63.25	20%	12.25	2.00	14.25					

## **DELTA DENTAL**

	CO	MPANY - ST	Α	TE SHAR	E (3023)	EMPLOYEE SHARE (3021/3022)					
WEEKLY HRS RANGE	<u>%</u>	TYPE		<u>PLAN</u>	AMT PER 26 PP	<u>%</u>	TYPE		PLAN	AMT PER 26 PP	
30.0	80%	DN		1	13.50	20%	DN		1	\$5.38	
		DN		2	27.30		DN		2	\$8.82	
(30 to 31.5)		DN		3	49.00		DN		3	\$14.25	

32.0	85%	DN	1	14.35	15%	DN	1	\$4.53
		DN	2	29.00		DN	2	\$7.12
(32 to 34.5)		DN	3	52.06		DN	3	\$11.19
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35.0	93%	DN	1	\$15.70	7%	DN	1	\$3.18
		DN	2	\$31.73		DN	2	\$4.39
(35 to 37)		DN	3	\$56.96		DN	3	\$6.29
FULL TIME	100%	DN	1	\$18.88	0%	DN	1	\$0.00
		DN	2	\$36.12		DN	2	\$0.00
(37.5 to >)		DN	3	\$63.25		DN	3	\$0.00